

(1) PLACE OF BIRTH

County of HendryTownship of Hendry

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 10.—For State Register Only

4692

Registration District No. 3407Registered No. 10
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Laurie Marshall

If child is not yet named, make supplemental report as directed

| | | | | |
|---------------------------------|---|------------------------------|--------------------------------------|--|
| (3) SEX OR GUILD <u>Girl</u> | (4) Twin or Triplet To be answered only in case of Twins or Triplets | (5) Number in order of birth | (6) Age Parents Married <u>10</u> | (7) DATE OF BIRTH <u>Feb 26, 23</u> (Name of Month) (Day) (Year) |
|---------------------------------|---|------------------------------|--------------------------------------|--|

FATHER.

(8) FULL NAME Alford Marshall

(9) PRESENT POSTOFFICE OF FATHER Chappell Hill

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 23
(Year)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE May T. Cunningham

(15) PRESENT POSTOFFICE OF MOTHER Chappell Hill

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 24
(Year)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 6:30 P.M., on the date above stated. (Born alive or stillborn) (Hour a.m. or P.M.)(23) (Signature) May Walker

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

Mar 3, 23

(28) Local Registrar

J. L. Hollins

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.